

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         | <i>MC</i> |            | <i>24/12/01</i> |
| O.I.P.E. CLASSIFIER       |           | <i>1</i>   | <i>5/5/01</i>   |
| FORMALITY REVIEW          | <i>MM</i> | <i>920</i> | <i>05-15-01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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